FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NANCIAL UNIFORM LIMITED OFFERING EXEMPTION

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OMB APP	ROVAL
OMB Number:	3235-0076
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hours per respo	nse16.00

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SEC USE ONLY					
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Magnum Coal Company 10% Senior Subordinated Filing Under (Check box(es) that apply): Rule 304 Rule 505 Rule 506 Section 4(6)	L Convertible Notes Offering
Filing Under (Check box(es) that apply): Rule 304 Rule 505 Rule 506 Section 4(6)	V ULOE √
Type of Filing: New Filing Amendment	SEC Mall Processing Section
A. BASIC IDENTIFICATION DATA	•
1. Enter the information requested about the issuer	APR 14200R
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	MI TO DC
Magnum Coal Company Address of Executive Offices (Number and Street, City, State, Zip Code)	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
500 Lee Street East, Suite 900, Charleston WV25301 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	(304) 380 -0200
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Coal holding Company	\\ \text{(6.61)} \text{2.67} \text{(6.1)} \text{2.67} \text{(6.61} \text{2.67} \text{2.67} \text{(6.61} \text{2.67} \text{2.67} \text{(6.61} \text{2.67} \text{2.67} \text{(6.61} \text{2.67}
Type of Business Organization	
corporation limited partnership, already formed other (pl	ease 08046706
business trust limited partnership, to be formed	
Month Year	· · · · · · · · · · · · · · · · · · ·
Actual or Estimated Date of Incorporation or Organization: [10] [05] MActual Estim	ated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

– ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Arc Light Energy Partners Fund I, L.P. Managing Partner Managing Partner Managing Partner
200 Clarendon Street, 55th Floor, Boston, MA 02117 Business or Residence Address (Number and Street, City, State, Zip Code)
ousniess of Residence Address (Number and Street, City, State, 21p Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Vining Pau H Full Name (Last name first, if individual)
clo Magnum Coal Company, 500 Lee Street East, Suite 900 Charleston,
W V 25 301
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Turner, Robb E. Full Name (Last name first, if individual)
Clo ArcLight Energy Partners Fund I, L.P., 200 Clarendon Street, 55th Floo Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code) Boston, MA 02117
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Altenbaumer Larry Full Name (Last name first, if individual)
4651 Crestharen Lane, Decatur, IL 62526 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Tucker Allyson Full Name (Last Name first 1 individual)
clo Cascade Investment LLC, 2365 Carillon Point, Kirkland, WA98033 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Revers, Daniel Full Name (Last'name first, if individual)
clo Arclight Energy Partners Fund I, L.P. 200 Clarendon Street, Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code) 55+h Floor, Boston, MA 02117
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Messing Phil Full Name (Last name first, if individual)
Clo Arc Light Energy Partners Fund I, L.P., 200 Clarendon Street, Business or Residence Address (Number and Street, City, State, Zip Code)
55 + h Floor, Boston MA 02117
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Turnbull, David Full Name (Last name first, if individual)
·
c/o Magnum Coal Company 500 Lee Street East Suite 900 Charleston, Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code) WV 2530/
Check Box(es) that Apply: Promoter Beneficial Owner 🕢 Executive Officer Director General and/or
Verheij Richard Full Name (Last name first, if individual)
C/o Magnum Coal Company, 500 Lee Street East, Suite 900 Charlestor Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code) WY 25301
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
St. Clair, Keith Full Name (Last name first, if individual)
Clo Magnum Coal Company, 500 Lee Street East, Suite 900, Charlest Business or Residence Address (Number and Street, City, State, Zip Code)
Business of Residence Address (Number and Street, City, State, 21) code, $WV = 25301$
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Spears B. Scott Full Name (Last dame first, if individual)
clo Magnum Coal Company 500 Lee Street East, Suite 900, Charlesto Business or Residence Address (Number and Street, City, State, 20 Code)
WV 2530/
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Bennett, Robert W. Full Name (Last name first if individual)
Tun Name (East name 113t, 11 morroom)
clo Magnum Coal Company 500 Lee Street East, Suite 900, Charlestor Business or Residence Address (Number and Street, City, State, Zip Code)
Business or Residence Address (Number and Street, City, State, Zip Code) WV 2530)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Francisco Dwayne Full Name (Last name first, if indivious)
elo Magnum Coal Company, 500 Lee Street East, Suite 900, Charlesse Business or Residence Address (Number and Street, City, State, 27p Code)
ωV 25.381
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Archight Energy Partners Fund II, L.P. Managing Partner Full Name (Last name first, if individual)
200 Clarendon Street, 55th Floor, Boston, MA 02117 Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No ☑
Answer also in Appendix, Column 2, if filing under ULOE.		<u> </u>
2. What is the minimum investment that will be accepted from any individual?	s <u>N</u>	I/A_
	Yes	No
 Does the offering permit joint ownership of a single unit? Enter the information requested for each person who has been or will be paid or given, directly or indirect 	_	⊠ *
4. Enter the information requested for each person who has been or will be paid or given, directly or indirect commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the of If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons a broker or dealer, you may set forth the information for that broker or dealer only.	ffering. i a state	
Full Name (Last name first, if individual)		
Not applicable Business or Residence Address (Number and Street, City, State, Zip Code)		
Business of Residence Address (Number and Street, City, State, 24p Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		 .
(Check "All States" or check individual States)	🗀 A	Il States
AL AK AZ AR CA CO CT DE DC FL C	GA HI	[ID]
	MS MS	MÖ
	OK OR WY	PA PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		_
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		II States
	GA HI MN MS	ID MO
MT NE NV NH NJ NM NY NC ND OH	OK OR	PA
RI SC SD TN TX UT VT VA WA WV I	WI WY	PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		II States
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL C	A A IA IN MS K OR	II States ID MO PA

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S None	\$ None
	Equity	\$ None	\$ None
	Common Preferred		
	Convertible Securities (including warrants)	\$ 100,000,000	\$ 100,000,000
	Partnership Interests		
	Other (Specify)	s None	s None
	Total	\$ 6.00	\$ <u>0:98-</u>
	Answer also in Appendix, Column 3, if filing under ULOE.	100,000,000	100,000,00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	14	\$ 180,000,000
	Non-accredited Investors	None	s None
	Total (for filings under Rule 504 only)	N/A	s <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	None	\$ None
	Regulation A	None	\$ None
	Rule 504	None	\$ None
	Total	None	5 0:00 None
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 450,000
	Accounting Fees	<u> </u>	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	<u></u>
	Other Expenses (identify)		•
	Other Expenses (identity)		₽

	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	3	s_0.00 99,550,080
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	1	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate	□ \$. 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	□ ¢	□ \$
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this	L.J.*	. □ Ψ
	offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	_	
	Repayment of indebtedness		, ,
	Working capital		
	Other (specify):	□ \$. 🗆 \$
			\$
	Column Totals	S 0.00	Ø\$ 0.00 99,550,000
	Total Payments Listed (column totals added)	_	00 -99,550,000
Ĺ	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice that the constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comming information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writt <mark>e</mark>	
	MAGNUM COAL COMPANY Signature Signature Signature	Date 4/8/	108
	me of Signer (Print or Type) Title of Signer (Print or Type) B. Scott Speans Title of Signer (Print or Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.4 1.4	E. STATE SIGNATURE		:
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ☑
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
MAGNUM CORL COMPANY	43. Scott Spean	4/8/08
Name (Print or Type)	Title (Print or Type)	
B. ScOTT SPEARS	VP & TREASURER	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX									
1	Intend to non-a investor	2 I to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC					_				
FL									
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		/	Convertible Notes \$7,585,617	}	17,585,617				
МА		V	\$7,585 617 Convertible, Notes \$63,214,596	2	363214,596				_
MI			. ,		,				
MN									
MS									

1 2 3 4 5 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell Type of investor and explanation of to non-accredited offering price amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No No **Investors** Amount State Yes Amount MO MT NE NV NH NJ NM Convertible Notes NY 4 57,781,047 \$7,781,067 NC ND OH OK **OR** PA RI Convertible Notes SC \$20,000 \$ 20,000 ŞD TN TX UT VT VA Convertible Notes \$11,588,720 WA Ì \$11,588,720 Convert: ble Notes \$210,000 WV4 \$210,000 WI

APPENDIX

	,			APP	ENDIX				
1 2 3 5 Disqualif under State									
	to non-a	to sell accredited is in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			(if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No
WY									
PR									

